TRA	VEL	FORNIA – DEPARTMENT OF PERSO EXPENSE CLAIM 9/2007)	ONNEL ADMINI	STRATION			ons and *Pr n Reverse				Page	1 of	5	
STD. 262 (REV. 9/2007) CLAIMANT'S NAME								SSN or EMPLOYEE NUMBER*					Pag	ges
	Schu						SSN OF EMP	LOYEE NUM	BEK			rtment ernor's Of	fice	
POSITION CB/ID No.								BUREAU			(307)	MBER		
Dire	ctor, C	CA Recovery Task Force		20000000										DEIX
RESIDENCE ADDRESS *								TERS ADDRI	ESS				TELEPHONE NUMBER	
							State Cap	nitol						
CITY STATE ZIP CODE								nto			STATE CA		ZIP CODE	
) NOF	MAL WO	RK HOURS		170			(2) PRIVATE		ENSE NU	JMBER	(3) MI	LEAGE RATE	95814 CLAIMED	+
0800	-1700										`			
1) MON	TH/YEAR	(6)	(7)	(8) MEALS				(10) TRANSPORTA			.TION		(11)	(12)
Feb 2010		LOCATION WHERE EXPENSES		DDEAK	LUNCH	O.T., L/T N/C, REL OR		(A) COST OF TRANS.	(B) (C)		(D)		-	TOTAL
5)		WERE INCURRED	LODGING	BREAK- FAST			TALS		TYPE		PRIVATE CAR USE		BUSINESS	EXPENSES FOR DAY
DATE	0530				/	DINNE	iR			PARKING	MILES	AMOUNT		
26	1600	Los Angeles	-	6,00				317.40	Α	13:00		0.00		338.40
				,				7 60.00	Т.			0.00		60.00
								1 51.65	Т			0.00		51.65
												0.00		0.00
												0,00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
					7							0.00		0.00
												0.00		0.00
								C				0.00		0.00
												0.00		0.00
3)	5	SUBTOTALS	0.00	6.00	0.00	0,0	00.00	429.05		15.00	0.00	0.00	0.00	450.05
COL		CODE (ACCTG. USE ONLY)	Human referen	hip of the stand	Angle of the second	Land Maria	The Section of the Se	ni pilitain etin	A COLOR		である。		nak War	Scale West
		CLAIM TOTAL			*****				4	28.0	S			\$450,05
		F TRIP, REMARKS AND DETAILS (AI	100 (1 5 00)(0)				0.1	111			AG	ENCY ACC	OUNTING	OFFICE
rese	ntatior	at Speaker Bass Town H	all on ARI	(A as it r	elates to	Southe	ern CA sm	all busine	ess			A STATE OF THE STATE OF		程据制
											PAID B	Y REVOLVING	3 FUND CHE	CK NUMBER
													001	2
											10	140	78	
											,	140	, -	
5)	HEREB	Y CERTIFY above is a true s	latement of the	travel expen	ses incurred operating th	by me in a	accordance with was equal to or	n DPA rules in greater than	the ser	vice of the State of claimed, and that	of Californ I have me	ia. If a private at the requiren	ely owned veh	hicle was cribed by
_All	•		pertaining to V	DATE	ano seat belt	(16) S					AYMEN			1
		20		4-17	-11	1						C	1/19	110
			and TITLE	See Item 17	on reverse)							DA ⁻	/ (()	U

		9/2007)			Stater	ment On	Reverse S				Page	of	3Pag	ges
CLAIMAI Herb				SSN or EMPLOYEE NUMBER* DIVISION or BUREAU					DEPARTMENT Governor's Office					
POSITIO		112							Governors Of		INDEX NUMBER			
		A Recovery Task Force							8 1					
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS State Capitol					TELEPHONE NUMBER	
CITY STATE ZIP CODE								CITY					ZIP CODE	
11 11001	(1) 11/0	RK HOURS					Sacramento (2) PRIVATE VEHICLE LICENSE NUMBER					CA	95814	
0800-						ľ	(2) PRIVATE V	EHICLE LICE	:NSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED	
(4) MONTH/YEAR		(6)	(7)	(8)	MEALS		D. INCIDEN- TALS	(10)		TRANSPORTA	TION		(11)	(12)
Apr 2010 (5) DATE TIME		LOCATION WHERE EXPENSES WERE INCURRED		BREAK- FAST	LUNCH	O.T., L/T, N/C, RELC OR DINNER		(A) COST OF TRANS.	(B) (C) TYPE CARFARE,		(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES
									USED	TOLLS, PARKING	MILES AMOUNT		EXPENSE	
fr	0530 1700	Van Nuys, CA		4.00				319.40	A	900 15.00		0.00		340.40
							153	₹35.00	т.			0.00		35.00
								25.00	Ŧ			0.00		25.00
												0.00		0.00
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					1							0.00		0.00
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												0.00		0.00
13)	5	SUBTOTALS	0.00	6.00	0.00	0.0	0.00	379.40		15.00	0,00	0.00	0.00	400,40
COL	UMN C	CODE (ACCTG. USE ONLY)	Contraction of the Astronomy	and the second	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1212	15 San 201	tale of the second	A POST	in William with	(235-kg)	La Lita Gallian	indep block	n egyilejä
	C	CLAIM TOTAL								388.	47)	-	= \$ 100.40
14) PUR	POSE O	F TRIP, REMARKS AND DETAILS (A	tlach receipts/vo	ouchers when	required)				- 10 M		AG	ENCY ACC	OUNTING	OFFICE
		mall business town hall n		onsored b	y Congre	essman	Howard E	Berman re	egardi	ng impact			E ONLY	
of fede	eral st	imulus funds in California	a.								PAID B	Y REVOLVIN	G FUND CHE	CK NUMBE
											,	24	190	3
												29	0/13	
16)		V 000000	f the	travel expen	ses incurred	by me in a	ccordance with	DPA rules in	the ser	vice of the State of	Californ	ia. If a privat	ely owned ve	hicle was
(15) ₁	HEDER		I VII	hat the cost o rehicle safety	of operating th	ne vehicle v Lusage.	vas equal to or	greater than	the rate	claimed, and that	I have me	I the requirer	nents as pres	cribed by
(15) I	HEDED.		I VII	pat the cost of pehicle safety DATE	of operating th	usage.	PONTUE OF		the rate	claimed, and that	I have me		nents as pres	scribed by